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Adults with intellectual disabilities experience shame that leads to psychological distress and mental illness that requires assessment and treatment

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Commentary

Implications for practice and research

- Adults with intellectual disabilities experience shame contributing to the development and maintenance of psychological distress and mental health problems which clinicians need to screen for during assessment and provide treatment and support.
- This literature review developed the understanding of the shaming experiences from the perspective of adults with intellectual disabilities and sets out areas for further research, such as identifying the factors that contribute to shame and interventions and supports that may help.

Context

There is a growing body of research evidence that highlights the stigma and stigmatization experiences in adults with intellectual disabilities (ID) and the significant impact on psychological and emotional well-being. To date, research conducted focuses on the attitudes and beliefs towards people with intellectual disabilities, and the experiences by association with someone with ID (courtesy stigma). There is a paucity of evidence regarding shame and adults with ID from their first-hand experiences. Shaming experiences involves being socially criticised, rejected, excluded, humiliated, denigrated and subordinated by others. Typically, this involves external shame referring to how others see the self and internal shame, how one exists in one's own mind and exists for others.¹

Methods

The purpose of the study was to review if and how shame and shame-based experiences contributed to the development and maintenance of psychological distress and mental health problems in adults with mild to moderate ID. A narrative review of four online databases [Web of Science, ScienceDirect, PsycInfo and ERIC (Proquest)] was conducted over a 3-month period from December 2015-February 2016, identifying 17 international studies published between 1988 and 2016. Most of studies were conducted in the UK ($n=11$).

Findings

Adults with ID frequently reported being subjected to negative social experiences such as social rejection, humiliation, prejudice and discrimination, referred to as external shame. The role of the process of social comparison and the relationship between stigma and other variables including anxiety, depression and self-esteem was evident.

Internal shame comprised of social comparison, and self-criticism. Self-criticism was one of the most frequently reported indicators of and risk factors for depression. The participants were more likely to focus the same on internal criticism, believe the self-criticism that led to further self-blaming and negative events.

Commentary

This study focused on stigma and the stigmatization experiences of adults with ID and included 17 studies from six countries exploring how shame and the shame-based processes contributed to the development and maintenance of psychological distress and mental health problems in adults with mild to moderate intellectual disabilities.² Overall this study supports the notion that a significant number of adults with mild to moderate ID experience stigmatizing that may significantly impact on their sense of self, self-to-self relating, the types of social comparisons they make with salient others, other-self relating and subsequent self-worth and emotional well-being.³

The importance of this study to practice is in highlighting the association between shaming experiences and the increased risk of mental health issues such as depression for adults with ID.⁴ Clinicians need to be more aware of the potential presence of shaming experiences during assessment and treatment and the link to mental health issues in adults with ID.⁵ One approach recommended is Compassion Focused Therapy (CFT), originally used with adults with mental health difficulties characterised by high shame and self-criticism. CFT may be beneficial to adults with ID as it explicitly targets the development of affiliative emotion helping to engage with and regulate difficult emotions such as shaming experiences and tone up positive emotions of safeness, contentment, and well-being.⁶ Further research is required to identify therapies and treatments that may be effective for people with ID.

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Competing interests

None